

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1239
Lobbyist's Registration Number**Instructions**

1. Print in ink or type.
 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
 3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 6/18/07

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35 SCANNED

JUL 26 2007

By: 6

1070:...

1. NAME Larkins Amanda P.
Last First MI2. BUSINESS PHONE 225-346-44663. BUSINESS ADDRESS P.O. Box 64581 Baton Rouge, LA 70896
Street and No. City State ZipMAILING ADDRESS (same)
Street and No. City State Zip4. EMPLOYER APL Consulting, LLC5. EMPLOYER'S ADDRESS P.O. Box 64581 Baton Rouge, LA 70896
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Art and Science Museum
 Address 100 South River Road, Baton Rouge, LA 70802
 Business or purpose Museum and Planetarium

☒ New RepresentationDoes this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

1239
Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist